

**OFFICE OF THE FEDERAL DEFENDER  
EASTERN DISTRICT OF CALIFORNIA  
801 I STREET, 3rd FLOOR  
SACRAMENTO, CALIFORNIA 95814  
(916) 498-5700 Fax: (916) 498-5710**

Quin Denir  
Federal Defender

Daniel J. Broderick  
Chief Assistant Defender

May 12, 2005

Mr. Dwight M. Samuel  
Attorney at Law  
117 J Street, #202  
Sacramento, CA 95814

Re: **U.S. v. Deanna Rice**  
**Cr.S-05-125-MCE**

Dear Mr. Samuel:

This will confirm your appointment as counsel by the Honorable Dale A. Drozd, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



CYNTHIA L. COMPTON  
CJA Panel Administrator

:clc  
Enclosures

cc: Clerk's Office

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR/DIST/DIV. CODE CAE	2. PERSON REPRESENTED Rice, Deanna			VIA FAX NUMBER
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:05-000125-002	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Rice		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1029A.F -- PRODUCES/TRAFFICS IN COUNTERFEIT DEVICE				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS SAMUEL, DWIGHT M. 117 J STREET SUITE 202 SACRAMENTO CA 95814		13. COURT ORDER <input checked="" type="checkbox"/> A Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) DWIGHT M. SAMUEL A PROFESSIONAL CORP 117 J ST., STE. 202 SACRAMENTO CA 95814				
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS
In Court	a. Arraignment and/or Plea			
	b. Bail and Detention Hearings			
	c. Motion Hearings			
	d. Trial			
	e. Sentencing Hearings			
	f. Revocation Hearings			
	g. Appeals Court			
	h. Other (Specify on additional sheets)			
(Rate per hour = \$ )                          TOTALS:				
Out of Court	a. Interviews and Conferences			
	b. Obtaining and reviewing records			
	c. Legal research and brief writing			
	d. Travel time			
	e. Investigative and Other work (Specify on additional sheets)			
(Rate per hour = \$ )                          TOTALS:				
17. Travel Expenses (lodging, parking, meals, mileage, etc.)				
18. Other Expenses (other than expert, transcripts, etc.)				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.				
Signature of Attorney: _____ Date: _____				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE

## IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  MAGISTRATE  DISTRICT  APPEALS COURT or  OTHER PANEL (Specify below)  
IN THE CASE OF

UNITED STATES vs. DEANNA RICE

FOR  
EASTERN DISTRICT OF CA.  
AT  
SACRAMENTO, CALIFORNIA

LOCATION NUMBER

CAESC

DOCKET NUMBERS

Magistrate

District Court

05-0125 MCE

Court of Appeals

PERSON REPRESENTED (Show your full name)

DEANNA RICE

CHARGE/OFFENSE (describe if applicable &amp; check box →)

 Felony  
 Misdemeanor

18 USC 371 ; 18 USC 1343 / 1344  
ET AL.

- 1  Defendant - Adult  
 2  Defendant - Juvenile  
 3  Appellant  
 4  Probation Violator  
 5  Parole Violator  
 6  Habeas Petitioner  
 7  2255 Petitioner  
 8  Material Witness  
 9  Other (Specify) \_\_\_\_\_

## THE VIEWS TO THE STATE'S PREDICTIVE PERIOD TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
	Name and address of employer: _____	
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment How much did you earn per month? \$ _____
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
ASSETS OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____	RECEIVED <u>900</u> SOURCES <u>SON GEB. SOC SEC. &amp; GRANT FDS BER OF CATHU</u>
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	IF YES, GIVE THE VALUE AND \$ <u>400</u> DESCRIBE IT _____	VALUE <u>400</u> DESCRIPTION <u>DODGE INTREK 1995</u>

OBLIGATIONS  
& DEBTS

DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>4</u>	List persons you actually support and your relationship to them <u>FELICIA QUINN AGE 17</u> <u>AARON MINOR JR - 15</u> <u>ANDREW BEDENFIELD JR - 4</u> <u>DARIN BEDENFIELD - 3</u>	
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: <u>BMT</u> <u>FOOD</u> <u>GAS LNS</u>	Creditors	Total Debt
			\$ <u>0</u>	\$ <u>340</u>
			\$ <u>0</u>	\$ <u>350</u>
			\$ <u>0</u>	\$ <u>100</u>
			\$ <u>0</u>	\$ <u>0</u>

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 4/28/05.

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)